

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.

Attach this form to the front of the mailpiece, or on the back if space not permit.

- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Phil Elias  
P.O. Box 659  
Bristow, OK 74010

**4a. Article Number**

P 055 800 921

**4b. Service Type**

- |   |   |
|---|---|
| <input type="checkbox"/> Registered           | <input type="checkbox"/> Insured                        |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD                            |
| <input type="checkbox"/> Express Mail         | <input type="checkbox"/> Return Receipt for Merchandise |

**Date of Delivery**

05/24/91

**5. Signature (Addressee)**

*Phil Elias*

**6. Signature (Agent)****8. Addressee's Address (Only if requested and fee is paid)**

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-066

**DOMESTIC RETURN RECEIPT**

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE  
USE \$300

Print your name, address and ZIP Code here

Don Markham  
EPA Region 6  
1445 Ross Avenue, Suite 1200  
Dallas, TX 75202-2733

P 055 800 921



**Receipt for  
Certified Mail**

No Insurance Coverage Provided  
Do not use for International Mail  
(See Reverse)

Sent to	Phil Elias
Street and No.	P.O. Box 659
P.O., State and ZIP Code	Bristow, OK 74010
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	

9011553

